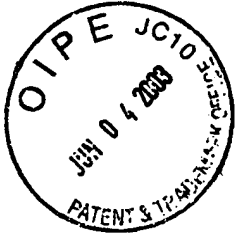


Goodwin Procter L.L.P.  
599 Lexington Avenue  
New York, New York 10022



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Amdt. Trans.  
PATENT

Our File No.: A34319-PCT-US  
Date: June 2, 2003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of :Poopathy Kathirgamanathan

Serial No. 09/857,300

Examiner :Yamnitzky, M.

Filed :June 1, 2001

Group Art Unit:1774

For :ELECTROLUMINESCENT QUINOLATES

Mail Stop  
Commissioner for Patents  
P.O. Box 1450, Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

1. ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
2. ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
3. ☐ No additional fee is required.

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on June 2, 2003.

Attorney Name Marta E. Delsignore

Registration No. 32,689

Signature

*Marta E. Delsignore*

Date of Signature

June 2, 2003

Goodwin Procter L.L.P.  
599 Lexington Avenue  
New York, New York 10022

The Fee has been calculated as shown below:

		Claims remaining after amendt. (Col. 1)		Highest No. Prev. Paid for (Col. 2)		Present extra (Col. 3)	SMALL ENTITY				OTHER THAN A SMALL ENTITY		
							RATE		FEE		RATE		FEE
Total	*		Minus **		=	0	X	9	=	0	X	18	=
Ind.	*		Minus ***		=	0	X	42	=	0	X	84	=
( ) First Presentation of Multiple Dependent Claims							+	140	=		+	280	=
TOTAL ADDITIONAL FEE:											TOTAL:		

\* If the entry in Col 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. prev. paid for" in this space is less than 20, write "20" in this space.

\*\*\* If the "Highest No. prev. paid for" in this space is less than 3, write "3" in this space.

4.(a) [x] An Extension of Time to respond to the PTO communication dated February 28, 2003 is hereby requested. The required fee, indicated below, is enclosed herewith.

Extension for response (check only one):

	<u>SMALL ENTITY</u>		<u>OTHER THAN A SMALL ENTITY</u>	
Within first month	<input type="checkbox"/>	\$ 55	<input checked="" type="checkbox"/>	\$ 110
Within second month	<input type="checkbox"/>	195	<input type="checkbox"/>	390
Within third month	<input type="checkbox"/>	445	<input type="checkbox"/>	890
Within fourth month	<input type="checkbox"/>	695	<input type="checkbox"/>	1,390

(check and complete the next item, if applicable)

☐ An extension for has already been secured and the fee paid therfor of \$ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$.

or

(b)[X] In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

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New York, New York 10022

5. ☒ Please charge our Deposit Account No. 06-0923 in the amount of \$110.00 . Two copies of this sheet are enclosed.
6. ☐ A check in the amount of \$.00 is enclosed.
7. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees are required under 37 CFR 1.16 and/or 37 CFR 1.117 associated with this communication or credit any overpayment to Deposit Account No. 06-0923. Two copies of this sheet are enclosed.

GOODWIN PROCTER L.L.P.

By: Marta E. Delsignore  
Marta E. Delsignore

PTO Registration No. 32,689

Enclosures